Responsive Behaviours – Clinical and Organizational Change Concepts and Ideas

Choose change ideas most appropriate for your LTC home

AN HQO INITIATIVE

ResidentsFirst

Advancing Quality in Ontario Long-Term Care Homes

Recognition and Assessment

Assess on Admission:
- Comprehensive interdisciplinary admission assessment including: life history, retained abilities, language abilities, social and family supports, pets, likes/dislikes, usual routines, preferences, interests, favourite TV shows, behavioural history, triggers, successful strategies and prior community agency involvement and role
- 24-hour Admission Care Plan should include behaviour and mental health history, triggers and strategies, sleep patterns, degree of risk to self and others, and strategies to minimize risk
- Ensure above information is available to staff caring for resident
- Medication reconciliation

Reassess at Regular Intervals:
- Regularly and proactively review behaviours, social interactions and eating behaviours and adjust care plan accordingly
- Regularly monitor behaviour patterns e.g. Dementia Observation System (DOS)
- Ask family about changes in behaviour
- Regularly assess pain with an assessment tool for persons with cognitive impairment
- Assess 24-hour activity cycle and care plan for balance of stimulation/rest
- Regular medication reviews
- Hearing and vision checks

Review Each Behavioural Episode:
- Recognize that all behaviour has meaning and strive to understand the meaning behind the behaviour
- Focused review in team huddle to identify triggers, level of risk to self and others, and strategies to implement
- Use P.I.E.C.E.S. 3-Question Template or other framework to guide problem solving
- Use a standardized risk assessment process (algorithm) for escalating behaviour with goal of managing risk in small increments – one shift, 24-hours, etc.
- Consider forming a behaviour intervention team

Standardize Assessment Tools:
- 3-Question Template / P.I.E.C.E.S. to review a change in behaviour
- Confusion Assessment Method (CAM) for detecting delirium
- Dementia Observation System (DOS) to detect behavioural patterns
- Functional Assessment Staging (FAST) to assess stage of disease
- Others: assessing depression in dementia and pain in individuals with cognitive impairment

Educate Residents/Family and Staff

Engage Residents and Families:
- Involve residents and families in care planning
- Obtain resident's life history
- Engage family in problem solving to understand behaviour changes and potential triggers
- Create communication tool for families to use at care conferences
- Provide a checklist for families of things that will be happening and what to inquire about routinely
- Family representation on QI teams
- Pre-admission tours
- Private and comfortable spaces for family to spend time with resident
- Invite family to unit activities
- Buddy programs for newly admitted residents and their families
- Family as trainers, support group leaders, newsletter writers, etc.
- Regular feedback about how care can be improved
- Establish Resident and Family Councils

Educate Families:
- All behaviour has meaning
- Triggers, risks, prevention
- Home's restraint policy
- Home's philosophy of care
- Effective communication
- Fall risk and prevention
- Impact of environment and noise
- Palliative/end-of-life care planning
- Available support groups
- To treat their relative like an adult, encourage autonomy whenever possible and respect their decisions

Engage Staff:
- Staff help to develop unit philosophy of care – e.g. personalized, creative, flexible, supports retained abilities, preserves dignity and personhood, responsive to resident preferences and prior routines, engages family
- Train staff as *Responsive Behaviour Champions* and trainers
- Train *DOS Champions* on units
- Create tip sheets for different staff
- Staff meet with families to get feedback on care and ideas for improvement

Staff Education:
- Use Dementia Education Needs Assessment (DENA) tool to plan
- Tailored education for all staff – direct care, support, leadership
- Topics:
  - All behaviour has meaning
  - Signs and symptoms of different types of dementia and prognosis
  - Non-pharmacological management approaches (P.I.E.C.E.S., U.F.I.R.S.T., GPA, Tendercare, etc.)
  - Differentiating delirium, dementia, depression (3Ds)
  - Best practices: communication, bathing, dressing, oral care, dining, pain management
  - Verbal/non-verbal supportive de-escalation strategies
  - Impact of environment and noise
  - Impact of sleep issues
  - Impact of behaviours on families and their support needs

Care Planning for Prevention

General Principles of Care Planning:
- Individualize care plans based on retained abilities, preferences, needs, and goals of care
- Give families a copy of the plan
- Flexible scheduling of meals and other ADLs based on preferences
- Maintain a sense of personal continuity – e.g. events, possessions, hobbies
- Increase structure, consistency and predictability of daily routines
- Use non-pharmacological strategies first, unless risk of harm to self or others is imminent
- Use visual reminders
- Respect autonomy and avoid patronization

Proactively Respond to Needs:
- Anticipate and address resident's physical/social needs – pain, hunger, thirst, temperature, toileting, boredom, and over-stimulation
- Regular pain assessment and management
- Promote continence: individualized toileting plans (use voiding diary), adequate hydration during day, and limit night fluids
- Monitor 24-hour activity/rest cycle and care plan for balance
- Spend time in meaningful conversation before and/or after unpleasant activities e.g. medication, bathing, etc.
- Ensure optimal hearing (use of aids, functioning batteries) and vision (clean glasses)
- Consider High-Intensity Needs Funds for private room for severe behaviour changes
- Best practices – bathing, oral care, dressing, dining

Meaningful Occupation:
- Activities centered around typical daily household: structured recreation/exercise, activity aprons/ tactile objects, music appropriate to age and culture, areas for horticulture/gardening, simple meal prep, folding laundry, arts and crafts, music, workshop
- Create caring carts for resident interaction – interesting objects, photos, life story, etc.

Improve Work Flow

Improve Timely Access to Information:
- Improve processes for documenting and communicating behaviour status/history of newly admitted residents
- Improve timely access to information about retained abilities, triggers, preferences, likes/ dislikes, care plan, life story, successful strategies, etc.
  - Behaviours section of chart
  - Post discreetly in resident room

Reduce Resident Wait Times:
- Improve portering processes to activities, bath, dining room, etc.
- Individualized toileting routines
- Improved bathing process

Reduce Wasted Staff Time:

Reduce time looking for information:
- Organize contact information for external consultants, programs, services, etc.
- Organize clinical information: behaviour management guidelines, procedures, etc.
- Keep equipment, supplies at point of use
- Organize resident closets to facilitate dressing
- Reduce redundancy in interdisciplinary assessments

Improve Staff Scheduling Processes:
- Consistency of staff assignment
- Flexible scheduling to correspond with peak demand

Other Processes for Improvement:
- Admission processes
- Team huddle
- Scheduling of bathing, other care activities
- Shift report
- Care conferences
- Life history
- Training and education on responsive behaviours
- Medication reviews
- DOS completion
- End of life care discussions
- Written plans

Develop Routine Practices

Consider checklists or other reminder systems to assist with implementation:

Person and Family-Centered Practices:
- Consistency of staff assignment
- Life history
- Routine pain assessment
- Reassess need for restraints
- Consideration of non-pharmacologic strategies first
- Ask family about care and opportunities for improvement
- Use effective communication strategies in all resident interactions: approach from front, speak at eye level, address by name, use simple words, short phrases and gentle calm tone, minimize noise and distractions, give time to respond, suggest words, avoid 'baby/elder talk'

Admission Processes:
- Pre-admission tours
- Documentation of behavioural history, risk, triggers, strategies (see column 1)
- Assessment of fall /fracture risk

Medication Processes:
- Medication reviews – reconciliation and appropriateness
- Checklist for medication administration – consent, target symptom, designated endpoint, pertinent medical history, start at lowest dose, risks/benefits, etc. Improve Bathing Experience:
- Prepare all supplies first, respectful draping, consider using preferred music, use warmer for moisturizer, calm, gentle approach, offer choice of shower/tub/sponge and day/evening, explain each step, promote independence

Improve Dressing Experience:
- Same time daily, calm, relaxed, supportive, allow choice of outfits from a limited number of options (2), lay out in order of application, explain steps

Staff Communication Processes:
- Interdisciplinary team huddles for proactive review of resident behaviours and/or after behavioural episode
- Structured frameworks – P.I.E.C.E.S 3-Question Template, etc.
- Standardized reporting of behaviour status at care transitions – e.g. change of shift, prior to outings, etc.

Documentation Processes:
- Behaviour section of resident health record
- Huddle documentation tool
- Care conference documentation tool
- Update care plan regularly

Safety/Prevention Practices:
- Monitor and control noise levels
- Hearing/hearing aid checks
- Vision checks/eye glass cleaning
- Routine resident safety checks
- Environmental safety rounds
- Wandering risk info to police
- Videos/pictures and ID bracelets for residents prone to wandering

Design Systems to Avoid Mistakes

Implement Dementia Specific Environmental Design

(See the Alzheimer Knowledge Exchange's Dementia-Friendly Design Series resources on noise, lighting and doorways at www.akeresourcecentre.org/design)

General Design Principles:
- Promote comfort, independence, safety and emotional security
- Make environment homelike
- Promote relationships among residents and with staff
- Design for groupings of smaller numbers of residents
- Use environment as a therapeutic tool

Physical Design Features:

Measure and Control Noise:
- Eliminate overhead paging, alarms, noisy equipment
- Pagers/phones on vibrate setting
- Silent bed alarms
- Schedule intrusive noises
- Review fire alarm testing frequency/duration
- Designated quiet areas
- Avoid TVs as passive engagement
- Use sound traps/tunnels or absorptive surfaces on walls
- Soundproof music/activity rooms
- Temporary use of earplugs

Lighting:
- Appropriate task/ transitional lighting
- Sufficient natural light
- Eliminate glare and shadows

Doorways:
- Camouflage to decrease exit-seeking
- Limit traffic at main unit door
- Back entrance for staff

Flooring – avoid patterns

Safety – Frequent rest stations

Signage – use large, serif font, post below eye level, use associated pictures, black letters on white page

Colour – warm, calming colours (green), contrasting colours to highlight environment (e.g. between walls and floors)

Social Design Features:

Make Environment Homelike:
- Familiar furniture
- Eliminate/disguise clinical items – med carts, nursing stations, etc.
- Eliminate staff communication items – brochures, memos, etc.
- Civilian clothes for staff
- Good smells – coffee, bread, etc.

Make Environment Therapeutic:
- Different activity areas
- Indoor/outdoor wandering space
- Mount interesting pictures that evoke conversation/interaction
- Use symbols or pictures instead of words – e.g. toilet symbol on bathroom door
- Reduce seasonal decorations
- Dining best-practices – 4-6/table, square tables, calm/quiet, sequential presentation of meals, contrast colour dinnerware, no unnecessary utensils, support retained abilities, use finger food or cut food prior to serving

Promote Relationships:
- Small groupings of residents
- Involve family in activities, etc.
- Staff eat with residents
- Families eat with residents
- Pet therapy – regular visits

Responsive Behaviours: Overcoming Barriers Worksheet

Use this table to identify and track your **Change Ideas**. For each **Change Idea**, list all of the **barriers** you can think of, then list all of the **enablers** – or strategies that you could put into place to help overcome the barriers and ensure that your efforts will be effective and successful. Common examples from LTC homes have been included to help get you started.

Change Ideas	**Barriers** – what will get in the way of implementing your idea? (use fishbone and 5 whys to identify)	**Enablers** – what strategies, ideas, tools and tips can you implement that will ensure successful implementation of your change idea
Team huddles after behaviour episodes	Lack of focus or structured approach to problem-solving	Use P.I.E.C.E.S. 3-Question template to focus conversations
	No follow-through of decisions	Create documentation tool to record accountabilities, strategies, next steps
Reduce noise	Noisy equipment – floor buffer	Reduce frequency of floor maintenance Schedule intrusive noise
	Lack of awareness	Education re: impact of noise on behaviours
Obtain life history for all residents	Lack of consistency of information	Create template/guide for interviewer
	Information is not displayed conveniently	Post discreetly in room or in behaviours section of chart
Improve pain control	No standardized process	Use pain assessment tool for cognitive impairment Collaborate with Pain and Symptom Management Consultant
	Not perceived as a problem	Staff education